



## Become a Member of Providence Players of Fairfax!

Name \_\_\_\_\_ Phone (h) \_\_\_\_\_  
 Address \_\_\_\_\_ (w) \_\_\_\_\_  
 Address2 \_\_\_\_\_ (c) \_\_\_\_\_  
 City \_\_\_\_\_ Email (h) \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ (w) \_\_\_\_\_

Are you a season ticket holder? Yes  No   
 Are you a donor? Yes  No

Areas of interest and/or experience. Check as many as you wish. (checking a box does not commit you).

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Actor              | <input type="checkbox"/> Make-up             | <input type="checkbox"/> Fundraising          |
| <input type="checkbox"/> Director           | <input type="checkbox"/> Hair                | <input type="checkbox"/> Grant-writing        |
| <input type="checkbox"/> Assistant Director | <input type="checkbox"/> Seamstress          | <input type="checkbox"/> Events/Parties       |
| <input type="checkbox"/> Tech. Director     | <input type="checkbox"/> Set construction    | <input type="checkbox"/> Newsletter           |
| <input type="checkbox"/> Musical Director   | <input type="checkbox"/> Set decoration      | <input type="checkbox"/> Season brochure      |
| <input type="checkbox"/> Producer           | <input type="checkbox"/> Fight choreography  | <input type="checkbox"/> Playbill             |
| <input type="checkbox"/> Stage Manager      | <input type="checkbox"/> Workshops           | <input type="checkbox"/> Play readings        |
| <input type="checkbox"/> Set Designer       | <input type="checkbox"/> Marketing           | <input type="checkbox"/> Membership           |
| <input type="checkbox"/> Costume Designer   | <input type="checkbox"/> Publicity           | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Light Designer     | <input type="checkbox"/> Diversity/Inclusion | <input type="checkbox"/> _____                |
| <input type="checkbox"/> Props              | <input type="checkbox"/> Audience Develop    | <input type="checkbox"/> _____                |
| <input type="checkbox"/> Lights             | <input type="checkbox"/> Photography         | <input type="checkbox"/> I am interested in a |
| <input type="checkbox"/> Sound              | <input type="checkbox"/> Box office          | <input type="checkbox"/> Board position       |
| <input type="checkbox"/> Costumes           | <input type="checkbox"/> Ushering            |   |

Comments or questions:

Please enclose this form with a check for \$10 made out to Providence Players of Fairfax and mail to:

Providence Players of Fairfax  
 Attn: Membership  
 P.O. Box 2393  
 Fairfax, VA 22031